N00000001877

| (Re | equestor's Name) | ··· |
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| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | ry/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nar | me) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE FALLAHASSEE, FLORIDA

FILED

S. HAWKES
DEC 2 7 2013
EXAMINER

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

| SUBJECT: RINEHART PLACE PROPERTY OWNERS ASSOCIATION, INC. |
|---|
| (Name of Corporation) |
| DOCUMENT NUMBER: N06000001877 |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Andrea Fowler |
| (Name of Person) |
| The Rosenthal Law Firm, P.A. |
| (Name of Firm/Company) |
| 4798 New Broad Street, Suite 310 |
| (Address) |
| Orlando, FL 32814 |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Andrea Fowler at (407) 488-1220 |
| (Name of Person) (Area Code & Daytime Telephone Number) |

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, |
|---|
| Florida Statutes, the undersigned, The Rosenthal Law Firm, P.A. |
| (Name of Registered Agent) |
| hereby resigns as Registered Agent for RINEHART PLACE PROPERTY OWNERS ASSOCIATION, INC. |
| (Name of Corporation) |
| N0600001877 |
| (Document Number, if known) |
| |
| A copy of this resignation was mailed to the above listed corporation at its last known alteres |
| The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed. (Signature of Resigning Agent) |
| If signing on behalf of an entity: |
| Jason Rosenthal |
| (Typed or Printed Name) |
| President |
| (Capacity) |

Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314